

REPAIR REQUEST FORM

CUSTOMER INFORMATION

Date

Name

Phone

Email

Company

RETURN SHIPPING INFORMATION (When your repair is complete)

Ship To

Shipping Address

City

State

Zip

Return Shipping Method: Next Day

2-Day

3-Day Select

NDA Early

2-Day Early

Freight

Pick-Up

Ground

Please respond with the amount of insurance needed or declining the need for insurance. *(If left unchecked, RapidView **will not** insure the return of the equipment. The customer will assume all liability for the loss or damage in shipping.)*

Insurance? Yes No Dollar Amount *or* Replacement Cost

BILLING INFORMATION (Dealer)

Same as Shipping

Bill To

Billing Address

City

State

Zip

COMPONENT INFORMATION

Equipment Name(s)

Serial #

Serial #

Serial #

Reason for Service

(Please be detailed)

DEALER INFORMATION (Dealers Only)

Dealership Name

Contact Name

Phone

Email(s)

(Please list any emails you would like for case communications)